FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

May 13 1998 8:00am

Secretary of State

DOCUMENT # P96000037968 (0)

ONE UP GOLF OF GWINNETT, INC.

Principal Place of Business Mailing Address 2385 PLEASANT HILL RD **8405 SUNSTATE STREET DULUTH GA 30136** TAMPA FL 33634 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/26/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3376715 Not Applicable Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible No. Yes 24 30 Personal Property Tax due June 30. 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MILLS, FREDERICK J ESQUIRE 1200 WEST PLATT STREET Street Address (P.O. Box Number is Not Acceptable) SUITE 100 83 **TAMPA FL 33606** 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typical or printed name of regular ediagent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE PAS 1.1 TITLE ☐ Change Addition NAME SELLERS. KENNETH L 1.2 NAME 16709 WINDSOR PARK DRIVE STREET ADDRESS 1.3 STREET ADDRESS .utz fl CITY-ST-ZIF 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 21 TITLE SELLERS, NANCY V. NAME 2.2 NAME 16709 WINDSOR PARK DRIVE STREET ADDRESS 2.3 STREET ADDRESS LUTZ FL CITY-ST-ZIP 2 4 CHY-ST-ZIP DELETE ☐ Change Addition TITLE 3 1 TITLE NAME 3.2 NAME STREET ADDRESS **3.3 STREET ADDRESS** CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE TITLE 4 1 11TLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE ☐ Change Addition TITL F 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CiTY - ST - ZIP DELETE Addition 6.1 THILE Change TITLE

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of three-guoration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

6.2 NAME

6.3 STREET ADDRESS

و اسم ل

NAME

STREET ADDRESS

CITY-ST-ZIP